

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57022301
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Perry Township</u> TOWN <u>Rt. 1 Bonne Terre</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR <u>Rt. 1 Bonne Terre</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Residence</u>				Length of stay in 1b <u>LIFETIME</u>		d. STREET ADDRESS <u>0940</u> (If outside, give location) <u>0</u>	
3. NAME OF DECEASED (Type or print) <u>CHARLES ARTHUR FARMER</u>				4. DATE OF DEATH <u>JUN 24 1957</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 15, 1893</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 Year Months <u>2</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St. Francois Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>Charles Farmer</u>			
14. MOTHER'S MAIDEN NAME <u>Lucinda Lundsford</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if so, state branch and dates of service) <u>Yes WW I</u>			
16. SOCIAL SECURITY NO. <u>499-01-1543</u>				17. INFORMANT (Name and address) <u>Florence (wife) Rt. 1 Bonne Terre Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>H2O1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hr</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>7-1-54</u> to <u>6-24-57</u> and last saw him alive on <u>6-24-57</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>A. L. Evans M.D.</u> (Degree or title)				22b. ADDRESS <u>Bonne Terre Mo</u>		22c. DATE SIGNED <u>6-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>JUNE 27, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Missouri</u>	
24. FUNERAL DIRECTOR <u>BOYER FUNERAL HOME BONNE TERRE,</u> <u>343 Benham St.</u>				25. DATE RECD. BY LOCAL REG. <u>June 26, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

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JUL 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *D. J. Boyer*

Licensed Embalmer No. 366

P. O. Address Desloge, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.